GONORRHEA IN THE MALE

Diagnostic and Treatment Techniques

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©CLM 1784 Reel I.

1.	Title	The American Social Hygiene Association presents GONORRHEA IN THE MALE Diagnostic and Treatment Techniques
2.	Scene	Booklet "A Manual of Treatment of the Venereal Diseases." Hand turning a few leaves.
3.	Title	Copies of this Manual may be had free from your state Board of Health or U. S. Public Health Service Washington, D. C.
4.	Diagram	Side view male trunk from 9th rib to upper third of thigh. Loop titles: Kidney - Ureter - Bladder - Seminal vesicle - Prostate - Vas deferens - Testicle - Urethra. Fade out all structures except Genito-urinary organs. Close-up of genital organs.
5.	Title	The gonococcus generally gains a foothold in the meatus, a few days after exposure.
6.	Diagram	Pointer to meatus. Inflammation (indicated by black spotting) fills meatus.
7.	Title	If unchecked, it soon involves the anterior urethra.
8.	Diagram	Inflammation extended through anterior urethra. Pus is formed and discharged.
9.	Title	Soon after the posterior urethra may be invaded.
10.	Diagram	Pointer and loop titles: Superior layer of triangular ligament - Inferior layer of triangular ligament-cut-off muscle. Inflammation extended through posterior urethra.
11.	Title	Infections of the prostate and seminal vesicles are not uncommon complications.
12.	Diagram	Inflammation extends into prostate, then seminal vesicle.
13.	Title	Extension of the infection along the vas deferens and into the epididymis, with consequent sterility (if both sides are involved) is a serious complication.

14. Diagram — Inflammation extends through vas to testicle.

15. Title — The mucous membrane of the bladder is resistant to the gonococcus, but the germ may pass through the bladder and ureter to the kidney, causing a pyelitis.

16. Diagram — Pointer runs through bladder and urethra to kidney. Pelvis of kidney shows inflammation.

17. Title — In some cases the germ may enter the circulation, when it endangers the endocardium, synovial membranes, meninges and other serous surfaces.

18. Title — <u>Diagnosis</u>
Rapid cure and lessening of the dangers of complications depend largely on prompt diagnosis and treatment.

19. Scene — Consultation Room. Patient consulting doctor. As he speaks fade in street scene showing patient consorting with prostitute.

20. Scene — Examining Room. Patient and doctor entering.

21. Title — Examine the secretion for the gonococcus.

22. Scene — Doctor retracts foreskin and cleans glans. Secures drop of pus on slide.

23. Title — The Gram stain is used. The gonococcus is gram negative and must be counter stained.

24. Scene — Doctor steps in laboratory with slide. Fixes slide and goes through technique of Gram stain. Then places slide under 'scope and sees gonococcus.

25. Title — Frequent microscopical examinations aid in following the course of the disease.

26. Diagram — On the screen appear 3 circles labeled respectively "Ascending stage" "Stage of decline" "Continued improvement." The first circle fills in with characteristic microscopic picture of this stage. In like manner, circles 2 and 3 fill in and remain long enough to show comparison.

27. Title — The two-glass test is useful in determining the stage of the disease and in following its course.

28. Scene — Patient passes urine into two glasses, (about 3 ounces into first, and balance into second). Doctor examines them.

29. Title — The cloudiness is caused by pus. Urates, phosphates, and carbonates, which also may cause cloudiness, should be excluded. Shreds are due to broken down epithelium.

30. Diagram — Longitudinal section urethra and bladder. Pointer to anterior urethra -- cut-off muscle -- posterior urethra.

30. Diagram (Cont'd) a. Pointer and loop title "Acute Anterior Urethritis." Show infection and accumulation of pus in anterior urethra. Animate urine into 2 glasses first portion washing out pus, second clear urine.

b. Pointer and loop title "Acute Posterior Urethritis." Pus in posterior urethra, overflowing into bladder. Urine passed in two glasses, both of which are cloudy.

c. Pointer and loop title "Chronic Anterior Urethritis." Urine passed into 2 glasses, first cloudy, and containing shreds, second clear.

d. Pointer and loop title "Chronic Posterior Urethritis." Urine passed into 2 glasses -- both cloudy and contain shreds.

31. Title Recapitulation.

Scene a. Diagram 32 is recapitulated by showing 4 rows of 2 glasses each, as follows: Fade in two glasses at left margin of screen, one above the other. Loop title "Acute Anterior Urethritis." Fade in second series of glasses. "Acute Posterior." Fade in third series of glasses. "Chronic Anterior." Fade in fourth series of glasses. "Chronic Posterior."

Reel 2.

32. Title It should be remembered that the 2 glass test is of but relative diagnostic value.

33. Title Pus in both glasses, independent of urethritis, indicates cystitis or pyelitis. Such cases should be referred to a consultant at once.

34. Title Examination of the prostate and seminal vesicles may be required during the course of an acute urethritis, but these organs should never be massaged at this stage.

35. Title TREATMENT - ACUTE STAGE

The first essential is rest. If practicable, the patient should be put to bed for 10 days or more.

36. Scene Doctor and patient in consultation. Doctor hands patient a card, emphasizing certain points by pointing to certain items on card.

37. Title The patient must be told the truth about his condition, warned as to the dangers if treatment is neglected, cautioned lest the infection be transmitted to others, and encouraged to get well.

38. Scene Previous scene continued. Close-up of instruction card for patient. Doctor and patient rise and enter examining room.

39. Title The patient should be carefully instructed in the method of using injections. Silver nitrate, protargol and argyrol have their several advantages.

40. Scene — Patient passes urine into glass.
Close-up of argyrol bottle - 5% solution.
Doctor draws solution into syringe.
Close-up of 5 c.c. glass syringe, with smooth acorn tip.
Doctor injects solution.
Patient holds urethra.

41. Title — The solution should be held 5 minutes. If injection produces distress, begin with a weaker solution.

42. Diagram — Amplify previous scene by showing solution entering anterior urethra, but excluded from posterior by cut-off muscle.

43. Diagram — Avoid dressings which constrict. A loose bag containing gauze is the best appliance.

44. Scene — Doctor applying dressing (bag, containing gauze, suspended from a waist band.)

45. Title — Sandalwood oil is best administered in capsules in doses of from 8 to 15 minims.

46. Scene — Doctor in gown entering consultation room with patient. Doctor writes prescription. Patient rises and leaves.

47. Title — The case should be reported promptly to the Health Department.

48. Scene — Doctor filling out and mailing report blank.

49. Title — When the discharge has lessened considerably irrigations of potassium permanganate, or other suitable solution, may be employed.

50. Scene — Patient on chair holding basin. Irrigator suspended about 3 feet. Doctor distends anterior urethra, releases pressure of tip and allows return flow.

51. Title — The need of cleanliness should be impressed upon the patient. Both doctor and patient should wash their hands thoroughly before and after touching the diseased parts.

52. Title — In posterior urethritis, irrigate the posterior urethra and bladder.

53. Scene — Previous scene continued.

54. Title — "Now take a long breath and try to urinate at the same time."

55. Scene — Previous scene continued.

56. Diagram — Section of bladder and urethra. Fluid distends anterior urethra. Cut-off muscle is released and fluid passes into bladder.

57. Scene — Return to previous scene and show patient evacuating fluid.

58. Title — Before declaring the patient cured, examine the prostate and vesicles, and look for evidence of stricture.

59. Title — Treatment may be continued too long. Persistent discharge, due to chemical irritation usually subsides on stopping treatment.

60. Title — Routine microscopic examinations aid in following the course of the disease and determining when treatment should be stopped.

61. Title — COMPLICATIONS OF ACUTE GONORRHEA

62. Title — Small abscesses, due to suppuration of urethral follicles are not uncommon.

63. Diagram — Cross section of urethra. Pointer to urethral fascicle. Dissolve into sagittal section of urethra, pointer remaining at follicle. Abscess of follicle appears.

64. Title — The abscess may open spontaneously through the urethra.....

65. Diagram — Return to previous diagram. Abscess enlarges and ruptures into urethra.

66. Title — ..... or through the skin.

67. Diagram — Return to previous diagram. Abscess enlarges and breaks through skin.

68. Title — The abscess should be opened through the urethroscope, if practicable.

69. Diagram — Return to previous diagram. Point out location of opening abscess.

70. Title — Acute Prostatitis is usually ushered in with chill, fever, frequent and painful urination. The prostate feels large and boggy and is very tender.

71. Diagram — Extension of inflammation into prostate, which then swells somewhat.

72. Title — Treatment - stop irrigations, order sitz baths, apply hot water bag to perineum, give hot rectal douches. If urine is retained, catheterize carefully.

73. Title — <u>Prostatic Abscess</u> may follow an acute prostatitis. When mild and limited in area, it generally ruptures into the urethra.

74. Diagram — Return to Diagram. Pointer at prostate. Small abscess forms and ruptures into urethra. Pus passes out and hole closes.

75. Title — If the symptoms grow more severe and the abscess increases in size it should be promptly evacuated, either by incision and dissection through the perineum or through the urethra.

76. Diagram — Same as previous diagram, but abscess grows larger. Then pointer is pushed into abscess through perineum with loop title - <u>Through the perineum</u>. Pointer withdrawn and pushed into abscess via the urethra, with loop title — <u>Through the urethra</u>.

77. Title — <u>Acute Seminal Vesiculitis</u> is usually associated with prostatitis. The general treatment is about the same as that for acute prostatitis.

78. Diagram — Short flash of Diagram. Pointer indicating inflammation in seminal vesicles.

79. Title — <u>Epididymitis</u>. Onset usually acute — fever, extreme pain and tenderness — scrotum swollen - induration lower end of epididymis.

80. Diagram — Extension of inflammation into epididymis, followed by swelling.

81. Scene — Case of epididymitis.

82. Title — Treatment - Elevation by a suitable bandage is essential.

83. Scene — Doctor applying bandage support for testicles.

84. Title — Heat is applied by a covered hot water bag. Ice bags are recommended by some.

85. Title — Treatment consisting of epididymotomy may be required.

86. Title — Gonorrheal Ophthalmia. Every case of acute conjunctivitis in a gonorrheal patient should be referred immediately to an ophthalmologist.

Reel III.

87. Title — CHRONIC GONORRHEA

88. Title — Chronic Anterior Urethritis is usually due to a round cell infiltration underneath the mucous membrane surrounding Morgagni's crypts and Littre's glands.

89. Title — Transverse section through anterior urethra.

90. Diagram — Cross section urethra. Pointer and loop titles: Epithelial lining - Glands - duct. Infiltration of epithelial lining and underlying tissues. Infiltration of ducts. Pointer and loop titles: Round cell infiltration. Portions of epithelial lining break down and fill up lumen of urethra and ducts. Pointer and loop titles: Erosions of epithelial lining - Exudation in urethra and in ducts.

91. Title — Infected ducts and glands are natural incubating places for the gonococcus.

92. Title — Gravity irrigations tend to clear up the superficial inflammation.

93. Title — Distention of the anterior urethra by sounds promote absorption of infiltration and expose embedded gonococci to irrigating fluid.

94. Scene — Technique of dilating anterior urethra with sound.

95. Title — A chronic inflammation of Morgagni's crypts is often responsible for intractable cases.

96. Diagram — Start with previous diagram. Dissolve into longitudinal section of urethra. Loop title. Longitudinal section. Dissolve in duct with "pouting" mouth opening into urethra. Pointer to duct and mouth.

97. Title — The urethroscope is a valuable aid in the diagnosis of chronic infections.

98. Scene — Technician passing urethroscope.

99. Title — Urethroscopic picture of normal urethra.

100. Scene — Urethroscopic picture of normal urethra.

101. Title — Urethroscopic picture of inflamed crypts.

102. Scene — Urethroscopic picture of inflamed crypts.

103. Title — The treatment consists in dilation with the sound and irrigations. If condition is persistent, crypts may be destroyed by urethroscopic cauterization.

104. Diagram — Longitudinal section urethra. Urethroscope enters and cauterizes crypts.

105. Title — Chronic Posterior Urethritis. The diagnosis should be confirmed by examination with the urethroscope.

106. Title — The mucous membrane is swollen, purple in color, bleeds freely and granulations may be present.

107. Scene — Urethroscopic picture of chronic posterior urethritis.

108. Title — The discharge is reduced by means of gravity irrigations. Later, the prostate and vesicles (if indicated) should be massaged.

109. Scene — Doctor massaging prostate and vesicles.

110. Diagram — Amplifying above scene.

111. Title — Local granulations in the urethra are best treated by urethroscopic cauterization.

112. Title — A deep inflammation surrounding the urethra may be followed by scar tissue, which later contracts, thereby causing stricture.

113. Title — Stricture is, in most cases, an unnecessary complication, due to neglect or faulty therapy.

114. Title — Stricture may give rise to troublesome complications , among them being.....

115. Title — (a) Partial occlusion, with consequent thin and "ragged" stream of urine.

116. Diagram — Longitudinal view of strictured urethra, (not complete). Urine passed through urethra, in a thin and ragged stream.

117. Title — (b) Complete occlusion and retention of urine in bladder.

118. Diagram — As above, but stricture complete. Distal to stricture, urine accumulates and dilates bladder.

119. Title — (c) Dilation of urethra, distal to stricture, followed by infection and abscess formation, which may rupture externally, leaving a urinary fistula.

120. Diagram — Dilation of urethra. Inflammation and pus gather in dilation. Pus ruptures out of urethra. Pus discharged, then urine dribbles out.

121. Title — As a result of the stagnation due to stricture, the infection may travel upward and cause pyelitis.

122.	Title	The bougie a boule aids in locating the site and nature of the stricture.
123.	Scene	Doctor passing bougie a boule, withdrawing and measuring distances.
124.	Diagram	Diagram of partial stricture, introducing bougie a boule "clicking" past the stricture several times. Hand palpates bougie and stricture. Bougie withdrawn.
125.	Title	Sounds introduced systematically and at intervals tend to stretch the stricture.
126.	Scene	Passing sound slowly, but without a stop.
127.	Title	Passing the sound (divided into steps.)
128.	Title	(a) Gravitation
129.	Scene & Diagram	Passing the sound - gravitation
130.	Title	(b) Elongation
131.	Scene & Diagram	Elongation
132.	Title	(c) Elevation
133.	Scene & Diagram	Elevation
134.	Title	(d) Depression
135.	Scene & Diagram	Depression
136.	Title	(e) Penetration
137.	Scene & Diagram	Penetration
138.	Title	(f) Rotation
139.	Scene & Diagram	Rotation
140.	Title	(g) Withdrawal
141.	Scene	Withdrawal
142.	Title	The filiform bougie with follower is employed when the stricture is very tight.
143.	Scene	Technician introducing filiform, then threading and introducing follower
144.	Title	Doubling of the bougie will be detected if a long one is used. The technique should always be done with a full bladder, to allow bougies to curl up within the bladder.

145. Diagram — Diagram. Bougie passed into urethra. It strikes urethra and doubles on itself, and finally comes out at urethra. Begin again, bougie finally passes stricture and curls up in bladder.

146. Title — Gradual dilatation, about every 3rd day, from 16F to 28F usually suffices to dilate tight strictures.

147. Title — Impermeable strictures may require urethrotomy.

148. Title — The modern program for combating venereal disease recognizes as one of the factors, the need of controlling carriers of venereal disease. Scientific treatment aids in rendering non-infectious active cases of gonorrhea.

149. Scene — Close-up of booklet "A Manual of Treatment of the Venereal Diseases." A few pages turned.

150. Title — Secure a copy free from your State Board of Health, or the U.S. Public Health Service, Washington, D.C.

151. Title & Scene — A card appears on which are enumerated the four features of "American Plan." A hand writes below: "Physicians, Health Officers, Hospitals and Dispensaries are charged with this responsibility." A loop is then drawn around number 4 - "Medical Measures."

152. Title — The End.

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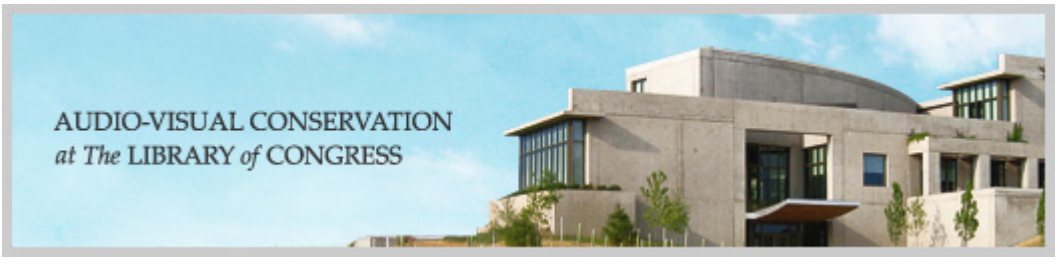

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